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October 4, 2002

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To: Community Care for the Aged And Disabled (CCAD)  
Day Activity and Health Services (DAHS) Providers

Subject: Long Term Care (LTC)  
Information Letter No. 02-32  
Client Transfers to Other Contracted Facilities

Effective immediately, current Day Activity and Health Services (DAHS) clients must contact their Texas Department of Human Services (DHS) caseworker if they want to transfer to a different DAHS facility. The DHS caseworker will process the transfer request, and determine the effective date of the transfer. The DHS caseworker will have 14 days from the date of request to process the transfer. The client may make the request to the DHS caseworker orally or in writing.

The effective date of the transfer is determined by the DHS caseworker. The effective date for a transfer will be negotiated by the DHS caseworker to ensure there is no gap in services. The client may not begin attending the new DAHS facility as a DHS client prior to the effective date of the transfer. The DHS caseworker will inform both the old and new DAHS facility of the transfer date on Form 2101, Authorization for Community Care Services.

You should refer current DAHS clients who want to transfer to your facility to their DHS caseworker. You will not be paid for services provided to transfer clients prior to the authorization date determined by the DHS caseworker.

The DAHS Provider Manual will be revised to reflect this change in policy. Updated pages of Sections 5310, 5820 and 5821 are attached. Please keep these pages with your DAHS Provider Manual until the revision is released.

You should note that facility-Initiated referrals must not be processed on current DAHS clients. You are responsible for ensuring an applicant is not already a DAHS client before you process a facility-initiated referral. You will not be paid for services provided if you process a facility-initiated referral on a current DAHS client.

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Please contact your contract manager if you have any questions. Contract Managers should contact Sarah Hambrick at (512) 438-2578 if they have any questions.

Sincerely,

*Signature on file*

Becky Beechinor  
Assistant Deputy Commissioner  
Long Term Care Services

BB:ck

Attachment

## 5300 Prior Approval Process for Facility-Initiated Referrals

This section explains how to request prior approval for an applicant who enters your facility through the facility initiated process.

### 5310 Facility Response to Facility-Initiated Referrals

You may immediately admit any Medicaid client pending eligibility determination for DAHS if you currently have a contract with DHS and you are willing to risk loss of revenue if the applicant is determined not to be eligible.

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#### §98.201. Facility-Initiated Referrals

- (a) The applicant may be admitted to a day activity and health services facility as soon as verbal physician's orders are obtained if he appears to:
- (1) be Medicaid eligible; and
  - (2) meet the medical/functional need criteria based on the information collected on DHS's Client Health Assessment/Plan of Care form.

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An applicant is someone who is not currently receiving DAHS services at a **contracted** facility. A facility-initiated referral **must** not be made on current DAHS clients. **Example:** A client who is attending Facility A, moves to Facility B and wants to attend there. Facility B can not make a facility-initiated referral because that person is already a DAHS client. **Additionally, Facility B will not be reimbursed for services provided prior to the transfer date established by the caseworker.** See Item **5820**, Client Transfers, for more information about transfer procedures.

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- (b) When a facility initiates a referral:
- (1) the facility interviews the applicant to determine whether he appears to be Medicaid eligible. The facility determines the Medicaid eligibility by reviewing the information on the applicants Medical Care Identification Card.

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(continued)

## NOTES

**5810 Clients Who Fail to Comply with Service Delivery Provisions** (continued)

- the facility can initiate a private pay rate with the client/family members for additional time the client is in the facility after 10 hours.

However, before you implement a procedure which may involve a cost to the client/family member, you must inform the client/family member verbally and in writing of the new procedure, and add the changes to the client's Rights and Responsibilities. A written copy of the changes must be given to the client to initial and date and must be filed in the client's casefolder. A copy of the changes must also be given to the client.

**5820 Client Transfers**

**A client who wants to transfer to a new facility must make the request to his caseworker. The caseworker will coordinate with the losing facility, and provide the new facility with an effective date of the transfer, no later than 14 workdays after the client's written/oral request. You will not be reimbursed for services provided to a client that is transferring from another contracted DAHS facility prior to the effective date established by the caseworker.**

**Within 14 days of the client's written/oral request to transfer to a new facility, the caseworker will:**

- **update Form 2101, Authorization for Community Care Services, by entering:**
  - **the new vendor number;**
  - **the effective date of the transfer; and**
  - **a statement in the comments section that this is a client transfer.**
- **sends the new facility the updated Form 2101; and**
- **sends the old (losing) facility a Form 2101 terminating services.**

It is critical that the caseworker coordinate client transfers from one DAHS facility to another to ensure that no duplication of services or gaps in dates of coverage exist.

## NOTES

**5821 Health Assessment/Plan of Care**

On or before the date a client transfers to a new facility, the new facility must conduct a health assessment/plan of care with the client. You must conduct the health assessment/plan of care according to Item 5211, Health Assessment/Plan of Care.

You do not have to obtain physician's orders for an ongoing DAHS client. See Item 5212, Physician's Orders, for additional information.